Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-29-08</u>	Address:	N. Bogardus Rd near
Case #:	<u>45-49280</u>		W. Doty Mill Rd
County:	<u>SCOTT</u>		Austin, Indiana
Operation	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) ite (ouly)	Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (hedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): open			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium): open			
Anhydrous Ammonia: open			
. Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes 0 (☐ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: <u>JENNINGS TWP</u>	Fax: 812-794-3818	
Health Department: SCOTT CO		Fax: <u>812-7</u> Fax: <u>812-</u> 7	
Child Prote	ction Service: SCOTT CO		····
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>JACKIE SMITII</u> Phone <u>812-246-5424</u>			

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.